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ABSTRACT

An organizational need hierarchy can be used by consultants as a model for diagnosing organizational problems, after which an intervention plan can be made. The need hierarchy, which approximates Abraham Maslow's individual need hierarchy, is composed of five ascending levels related to organizational needs in the areas of survival of the organization itself, security for part of the organization, communication within an organization or between the organization and the public, improvement of the status of the organization in the eyes of other professionals, and enhancement of the effectiveness of already successful operations. A consultant has a wide range of role options available for intervention, ranging from indirect behaviors (clarifying and interpreting, listening, or refusing to become involved at all) to direct, prescribing behaviors (recommending actions or planning the implementation of solutions). The behavior chosen depends on the organizational need diagnosed; at lower levels of the organizational need hierarchy, organizations need very direct, prescribed behaviors from a consultant, while a more indirect approach is appropriate for dealing with higher level needs. (GW)

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CLARIFYING THE CONSULTANT-CLIENT ROLE RELATIONSHIP THROUGH AN ORGANIZATIONAL NEEDS MODEL

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC) AND USERS OF THE ERIC SYSTEM."

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How often have you been called into an organization as a consultant and heard these words? "We have a communication problem that we would like you to help us with." The first problem confronting the consultant is to get the client to define what he or she means by "a communication problem." In our experiences, we have found it difficult to get a relatively quick grasp of the problems which are felt by the client organization. Also, the client frequently has no orderly method for presenting the problems from his or her vantage point.

After experiencing this high level of ambiguity numerous times, we began to see some pattern emerging in the type of needs which our clients described to us. This pattern approximated the very familiar individual need hierarchy proposed by Maslow (1954). We have developed, by analogy, an organizational need hierarchy which we now use to give us a relatively familiar and easy to apply model for diagnosing organizational problems. Once the diagnosis is made, the intervention plan follows.

SURVIVAL. In several organizations with which we are familiar the consultant's role was to help the organization keep from terminating its operations. In one case, a new union contract had to be renegotiated with substantial wage reductions in order to preserve the organization and ultimately the employee's jobs. Communication consultants were brought in to help negotiate the settlement.

SECURITY. In a less severe case, 600 people's jobs were threatened due to cost overruns, but the organization's survival was not threatened. We were brought in to help management solve this problem. Our role was to advise and counsel top management. We devised a plan to meet with all 600 employees in small work groups to explain the details of the problem and to enlist their help in saving their own jobs. Management was reluctant at first to share such intimate financial information with the employees, but eventually it resulted in substantial increases in cost efficiency and over a 12 month period, the 600 jobs were saved.

INTERNAL/EXTERNAL RELATIONS

We were called in to help solve communication problems at a branch campus of a major state university. It did not take long before we realized that the problems centered around the lack of cooperation and coordination between academic departments within their respective colleges in the university. Our advice was designed to improve and streamline the administrative policies which dealt with the internal relations between and among different academic arms of the university.

Other problems which can arise at this level of the hierarchy deal with relations with groups or individuals external to the organization. This function is usually referred to as public relations and is rich with possibilities for communication consulting.

PROFESSIONAL ESTEEM. Closely related to the relations needs of the organization are the professional esteem needs. Whereas at a university the external relations level may deal with town and gown relations, the professional esteem level deals with improving the status and respect of a unit in the eyes of other professionals. Speech and communication departments historically have not held the same level of esteem as departments of physics, mathematics, or engineering. At this need level, the consultant must focus on helping the client put its "best foot forward" to others in its professional community. Media presentations, newsletters, and special institutes and conferences may be used in this manner.

ORGANIZATIONAL EFFECTIVENESS. While the first four levels of the hierarchy are deficiency needs, those in which some level of attainment is felt to be lacking. However, at the top level of the hierarchy we encounter what Maslow called the growth needs. "The desire to become more and more what one is, to become everything that one is capable of becoming." Maslow (1954, p. 92)

We spent almost two years working with one client organization which fit at this level of the hierarchy. The top manager said he had a very successful operation, but he wanted to see how good it could become. As a result of our efforts, significant improvements in employee attitude were documented along with a 7 1/2 million dollar cost savings due to reduced scrap and reduced absenteeism.

Once the organization's needs have been diagnosed, the consultant's intervention plan becomes appropriate. The next section of the paper deals with the consultant's behaviors. The possibilities for developing a diagnostic tool designed to help consultants measure the specific need level of an organization are most exciting. Such an instrument is critical in generating the data needed to validate the theoretical assumptions discussed in this paper. Also, the specification of the behavioral components associated with organizational needs serves as a basis for the development of training programs to improve consultant effectiveness.

Now that we have presented a theoretical model for helping consultants diagnose organizational problems, it seems appropriate to look at some of the specific consultant intervention behaviors which logically follow from such a diagnosis. This discussion takes the model from the theoretical to the practical. If the organizational needs model is going to be of practical use to consultants, then consultants must have a clear understanding of what things he or she must actually do after the diagnosis. By suggesting specific behaviors based upon an analysis of the organization's specific needs, consultants will know what skills and specific interventions are most likely to be appropriate to the client's needs.

Most organizational development experts agree that the consultant should try to avoid developing prescriptive "doctor-patient" relationships. Such relationships develop an unhealthy dependency and lack of ownership in organizational problems. Rather, the goal of the consultant should be to help the organization learn to develop the resources necessary to deal effectively with their problems. (Schein, 1969, p. 120) We agree that organizations can become too dependent on consultants once that consultant's effectiveness is increased when the consultant gets the organization to take ownership for their problems.

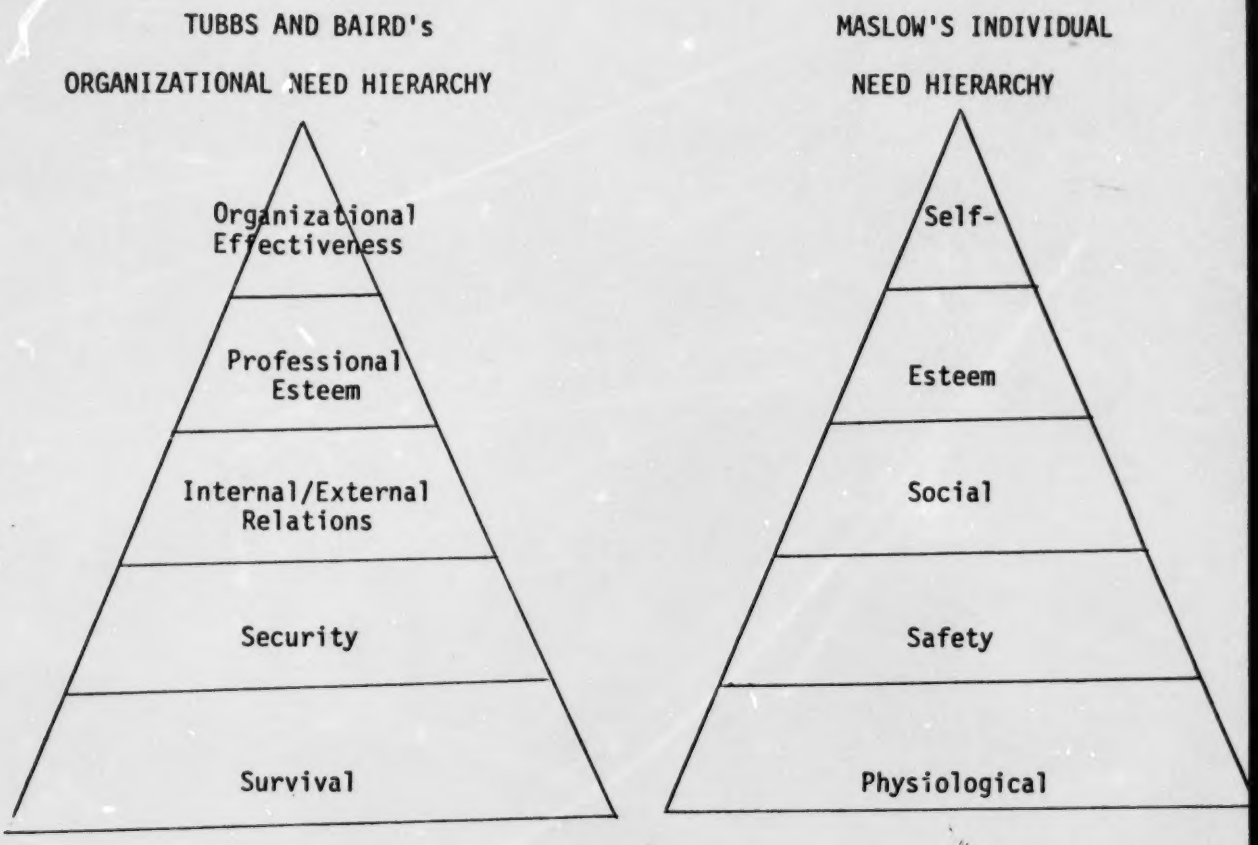
TUBBS AND BAIRD's
ORGANIZATIONAL NEED HIERARCHY
Organizational Effectiveness
Professional Esteem
Internal/External Relations
Security
Survival
MASLOW'S INDIVIDUAL
NEED HIERARCHY
Self-
Esteem
Social
Safety
Physiological

Figure 1.

However, it is our belief that before such ownership can be developed, consultants must deal with "where clients are at." Often where an organization is at is not where the consultant would like the organization to be. This means that a consultant's behavior will vary depending on the needs of the client organization. In one situation, a consultant may need to be very direct and even prescriptive. However, in another situation a consultant's role may be very indirect, involving behaviors which help the client organization develop its own strategies for change.

Schmidt and Johnston (1970) have developed a continuum of client vs. consultant-centered interaction behaviors. According to these authors, the consultant has a variety of options as to role. The list below shows the wide range of potential consultant/client system behaviors.

1. *Refuses to become involved:* The consultant who feels unquanned to the client may refuse to become involved. Similarly, he may refuse to do so if he feels that the client does not really want to help or if he already has too many other commitments.

2. *Listens and reflects:* At this level, the consultant tries to clarify his understanding of the client's problem. He may use such phrases as: "If I understand correctly, you are saying..." or "Are you saying that..."

3. *Clarifies and interprets:* The consultant may rephrase the client's comments to sharpen them or may interpret what the client intends to say by putting together the ideas underlying a number of comments.

4. *Probes and gathers data:* Now, the consultant begins to take a more active role. He may ask questions about material that the client has not yet brought up, or he may gather new data, e.g., through interviews, observations or questionnaires.

5. *Feeds back data:* At this level, the consultant provides the client system with new data. Such data may have been gathered from the client system itself, and frequently they are "dissonant" with the client system's own data. For example, survey feedback may show that the perceptions of the managers about the work culture and attitudes of the employees are very different from what the managers had expected.

6. *Identifies available options:* Many of the preceeding steps have served to identify or isolate problems or to bring known problems into sharper focus. From his diagnosis of the problems and his interaction with the client system, the consultant may now suggest alternative forms of action--either mildly or forcefully, depending on his rapport with the client.

7. *Proposes criteria:* Occasionally, the client knows what the problem is and the action alternatives available, but is not certain which alternative is the best. In this case, the consultant can help the client to develop evaluative criteria and then to use those criteria in selecting a particular alternative.

8. *Recommends and/or prescribes:* At this level of the Schmidt and Johnson continuum, the consultant may recommend a particular action, based on his expert knowledge and his understanding of the situation. He can describe the options open to the client and give his reasons for making the particular recommendation, bearing in mind that the client must make the final decision, for it is the client who must live with the consequences of that decision. In extreme cases, the consultant may prescribe a particular action, based on his knowledge and expertise.

9. *Plans implementation:* In the most "consultant-centered" approach, the consultant not only prescribes the solution but also plans the action steps that are necessary to carry out the prescription.

A look at this list suggests that the consultant has a wide range of role options available for interventions. These behaviors range from very direct, prescriptive behaviors (planning implementation, recommending and/or prescribing) to very indirect behaviors (clarifying, interpreting, listening or refusing to become involved at all).

The above conceptual framework has specific application to our notion of an organizational need hierarchy. For example if the consultant diagnoses an organization to be at the "survival" need level, a consultant would likely be called in to "bail out" the organization. The choice of a consultant would be based on the consultant's knowledge and expertise in a certain area. For example, a company whose survival depends upon the development of a more competitive product might hire a consultant to make specific recommendations on product changes and marketing strategies. The role of the consultant in such a situation is a very direct and prescriptive one. The organization's survival depends upon the knowledge, experience and specific recommendations of the consultant. In such a situation it would be inappropriate for the consultant to employ a strategy designed to help the organization "help themselves." Such a role would not be appropriate to the need level of the organization. The organization is telling the consultant that they cannot solve their own problems. The only way to survive is through information and action based on the consultant's expertise and knowledge. The consultant's role in this situation should be direct, perscriptive and contain specific recommendations for implementation.

On the other hand, an organization at the internal/external relations level may ask a consultant to help with what the organization describes as "communication" problems between employees and among departments. In meeting the needs of the organization at this level, the consultant would be best to use a combination of both direct and indirect skills. The consultant would likely begin by gathering information in order to accurately identify the attempt to better understand the organization's problems. Once this has been done, the consultant would conduct meetings in order to "feedback" the information collected. At these meetings the consultant would attempt to explain and clarify the data in hopes that the group would begin to make their own judgements, interpretations and recommendations regarding the problem.

In this example the consultant would initially use a very direct prescribed intervention (survey feedback). However in feeding back the information, the consultant would play a more neutral role using more indirect behaviors in order to get the group to begin to own the problem.

An organization diagnosed to be at the far end of the organizational need hierarchy (organizational effectiveness) does not need a consultant to prescribe a specific solution. Such an organization is generally characterized by strong top management support, high morale, involvement in decision-making by employes and a demonstrated ability to take ownership for their problems. An organization of this nature is only interested in "fine-tuning" an already effective organization. In this situation the consultant would do well to rely on the client organization's knowledge and experience and use behaviors (probing, clarifying, interpreting) designed to get the client organization to help themselves. In this situation the organization does not need someone outside the organization telling them what they need to do. Instead the consultant acts as a process consultant using interventions designed to get the client organization to plan their own strategies and take responsibility and ownership for decisions made.

This discussion has suggested that there are certain consultant behaviors appropriate depending of the organizational need diagnosed. These behaviors can be better seen on a continuum ranging from direct to indirect. Figure 2 shows the organizational need hierarchy with the behavior continuum to the left.

CONSULTANT BEHAVIOR

Indirect (relies on knowledge and experience of organization)

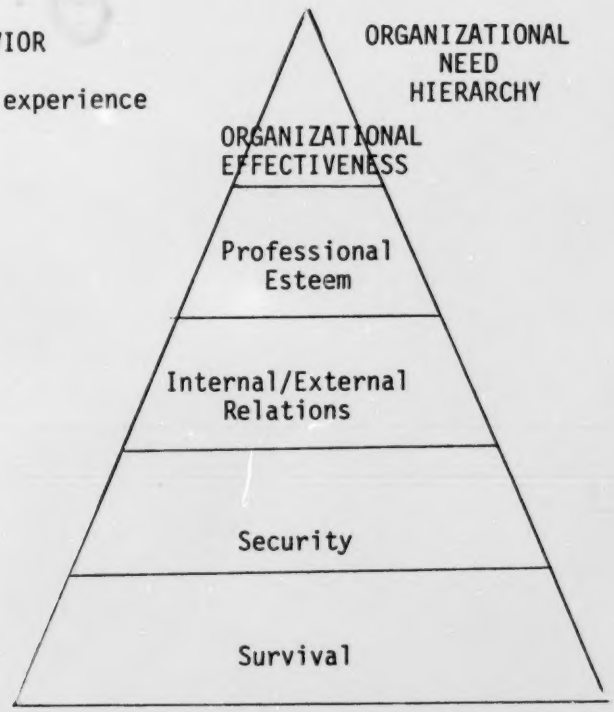

Figure 2.

Direct (relies on knowledge and experience of consultant)

The above conceptualization suggests that at lower levels of the organizational need hierarchy, organizations need the expertise, knowledge and experience of a consultant. Such a need requires very direct, prescribed behaviors from a consultant. However, as the needs of an organization progress to higher levels, consultant's must capitalize on the knowledge and experiences of the organization in developing their strategies. The use of a more indirect approach seems more appropriate in adapting to higher level needs.

The use of the organizational need hierarchy model will serve as a useful framework for consultants interested in more clearly defining the expectations of their relationships. The possibilities for developing a diagnostic tool designed to help consultants measure the specific need level of an organization are most exciting. Such an instrument is critical in generating the data needed to validate the theoretical assumptions discussed in this paper. Also, the specification of the behavioral components associated with organizational needs serves as a basis for the development of training programs to improve consultant effectiveness.

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